

CONTRIBUTION AND CHECK-OFF REPORT  
FOR NORTHERN AGREEMENT  
CONSTELLATION TUGS, INC.

Copy

Name Constellation Tug Corp.  
Address \_\_\_\_\_  
Month of April 2003 Covering Period From \_\_\_\_\_ To \_\_\_\_\_  
Employer hereby acknowledges his or its agreement to the Collective Bargaining Agreement which requires the  
fringe benefits forward herewith. The Employer further agrees to the agreements and the Declarations  
governing the I.U.O.E. Local #25 Marine Division Employee Benefit Funds.

Signature M. D. L. Title \_\_\_\_\_ Date \_\_\_\_\_

Individual Employee Data

Employee's		Classifi- cation Code	Straight Time Hours Worked	Time and ½ Hrs. Worked	Double Time Hours Worked	Total Hours Worked	Straight Time Wages *See Note	Annuity Payment
Last Name	First Initial							
1753	S. C.	F.	12	24	0	36	809.28	136.20

Straight Time Wages = Total Hours Worked Including Overtime Hours, Multiplied by the Straight Time Hourly Rate.

Total Hours \_\_\_\_\_ Payable to Medical Plan (effective 05/01/01)  
at \$2.70 \_\_\_\_\_  
Amount of Check \_\_\_\_\_

Straight Time Wages \_\_\_\_\_ Payable to Vacation Plan (effective 10/01/97)  
at 7% \_\_\_\_\_  
Amount of Check \_\_\_\_\_

Classification A & B Straight Time Hours \_\_\_\_\_ at \$3.75  
Time & Half Hours \_\_\_\_\_ at \$5.00  
Classification C Straight Time Hours \_\_\_\_\_ at \$3.15  
Time & Half Hours \_\_\_\_\_ at \$4.10  
Classification D Straight Time Hours \_\_\_\_\_ at \$2.55  
Time & Half Hours \_\_\_\_\_ at \$3.20